LME Alternative Service Request for Use of DMHDDSAS State Funds

For Proposed MH/DD/SAS Service Not Included in Approved Statewide IPRS Service Array

Note: Submit completed request form electronically to Wanda Mitchell, Budget and Finance Team, at Wanda.Mitchell@ncmail.net, and to Spencer Clark, Chief's Office, Community Policy Management Section, at Spencer.Clark@ncmail.net. Questions about completing and submitting this form may be addressed to Brenda G. Davis, CPM Chief's Office, at Brenda.G.Davis@ncmail.net or (919) 733-4670, or to Spencer Clark at Spencer.Clark@ncmail.net or (919) 733-4670.

a. Name of LME Sandhills Center Local Management Entity		b. Date Submitted
c. Name of Proposed LME Alternative Service		
Assertive Engagement: A Statewide Alt Service Defin	nition QP – YA352	
d. Type of Funds and Effective Date(s): (Check All the	at Apply)	
☐ State Funds: Effective 7-01-07 to 6-30-08	State Funds: Effective 7-	01-08 to 12-31-09
e. Submitted by:	f. E-Mail	g. Phone No.
Victoria Whitt, Deputy Director/COO	victoriw@sandhillscenter.org	910-673-9111

Background and Instructions:

This form has been developed to permit LMEs to request the establishment in IPRS of Alternative Services to be used to track state funds though a fee-for-service tracking mechanism. An LME that receives state single stream or other state non-UCR funding shall use such funding to purchase or start up services included in the Integrated Payment and Reporting System (IPRS) service array and directed towards the approved IPRS target population(s). If the LME wishes to propose the use of state funds for the provision of an Alternative Service that is not included in the IPRS service array, the LME shall submit an *LME Alternative Service Request for Use of DMHDDSAS State Funds*.

This form shall be completed to fully describe the proposed Alternative Service for which Division approval is requested in order to develop an IPRS reporting code and an appropriate rate for the Alternative Service.

Please use the following template to describe the LME's proposed Alternative Service definition and address all related issues using the standard format and content categories that have been adopted for new MH/DD/SA Services.

Please note that:

- an individual LME Alternative Service Request form is required to be completed for <u>each</u> proposed Alternative Service:
- a separate Request for Waiver is required to be submitted to the Division for the LME to be authorized by the Secretary to <u>directly</u> provide an approved Alternative Service; and
- the current form is <u>not</u> intended to be utilized in SFY 07-08 for the reporting on the use of county funds by an LME. The Division continues to work with the County Funds Workgroup to establish a mechanism to track and report on the use of county funds through IPRS reporting effective July 1, 2008.

Requirements for Proposed LME Alternative Service

(Items in italics are provided below as examples of the types of information to be considered in responding to questions while following the regular Enhanced Benefit Service definition format.

Rows may be expanded as necessary to fully respond to questions.)

Complete items 1 though 28, as appropriate, for all requests.

1 Alternative Service Name, Service Definition and Required Components

Assertive Engagement

2

Assertive engagement is a method of outreaching to individuals who have severe and/or serious mental illness, and/or those who are dually diagnosed with mental illness and addictive disorders, and/or are developmentally disabled, and who have not effectively engaged with treatment for the disorder(s). Assertive engagement is a necessary step in the process of effectively treating these illnesses. To work with people in a productive way, they have to feel like there is something in it for them. One of the first things you do is to give the individual an opportunity to assess whether or not they are going to get what matters to them. In the beginning, you should offer what is necessary to establish a trusting relationship and to meet initial needs. This may be shelter, food, clothing, a ride, and/or arrangement for acute medical care. Successful engagement is the first necessary step in the process that leads to rehabilitation and recovery. Assertive engagement allows flexibility to meet the consumers' particular needs in their own environment or current location (i.e., hospitals, jail, shelters, streets, etc.). There are many challenges to engagement that include but are not limited to: symptoms, past negative experiences with the mental health system, locating the individual. beliefs about mental illness. It is designed as a short-term engagement service targeted to populations or specific consumer circumstances that prevent the individual from fully participating in needed care for mental health, addiction, or developmental disabilities issues.

Rationale for proposed adoption of LME Alternative Service to address issues that cannot be adequately addressed within the current IPRS Service Array

Sandhills Center LME experiences a high volume of referrals from inpatient facilities and sees a high volume of inpatient admissions as well as bed days. Many of these individuals have not been successful in engagement with traditional mental health treatment. This situation is also common to higher intensity outpatient treatment services, whereas consumers meet medical necessity criteria for that level of care, but do not follow-through with treatment recommendations. There is currently no service in the IPRS service array that permits billing and payment for providers who must work to build relationships in a variety of settings, including jails, inpatient facilities, facility based crisis and in the community. The most comparable service, Assertive Outreach, is intended for homeless individuals only, and is an attempt to engage individuals until the case is formally opened. Sandhills Center would like to capture a method to fund providers who begin assertive outreach and engage individuals in treatment services. This service will promote treatment engagement and retention in services and reduce the need for crisis services and stop the cycle of readmission to higher levels of care.

Description of service need(s) to be addressed exclusively through State funds for which Medicaid funding cannot be appropriately accessed through a current Medicaid approved service definition

Assertive Engagement is a method of outreaching to individuals who have severe and/or serious mental illness and/or addictive disorders, and or developmental disabilities and who have not effectively engaged with treatment for the disorder(s). The adults and/or children who are in need of this service have a history of erratic or non-engagement in treatment, erratic or non-compliance

Page 2: LME Alternative Service Request for Use of DMHDDSAS State Funds For Proposed MH/DD/SAS Service Not Included in IPRS Service Array

NCDMHDDSAS Approved Effective: CPM Revised:

4	with medication resulting in symptom manifestation and/or relapse, and/or have a history of frequent hospitalizations, jail/detention days or involvement with law enforcement or utilization of crisis services. Currently, Medicaid does not allow billable services in hospitals or jail settings. Due to high recidivism, it is necessary for providers to remain involved while consumers are in these facilities, as well as participate in treatment/discharge planning for potential consumers. Please indicate the LME's Consumer and Family Advisory Committee (CFAC) review and		
	X Recommendation of	the proposed LME Alternative Service: (Check one) nds Does Not Recommend Neutral (No CFAC Opinion)	
5	Projected Annual N Alternative Service 500	umber of Persons to be Served with State Funds by LME through this	
6		amount of State Funds to be Expended by LME for this Alternative	
	first year.	e amount of state funding to be used. Baseline data will be gathered in the	
7	Eligible IPRS Targe	t Population(s) for Alternative Service: (Check all that apply)	
	Assessment Only:	⊠AII □CMAO □AMAO □CDAO □ADAO □CSAO □ASAO	
	Crisis Services:	⊠AII □CMCS □AMCS □CDCS □ADCS □CSCS □ASCS	
	Child MH:	□AII ☑CMSED ☑CMMED □CMDEF □CMPAT □CMECD	
	Adult MH:	□AII ⊠AMSPM ⊠AMSMI □AMDEF □AMPAT □AMSRE	
	Child DD:	⊠CDSN	
	Adult DD:	⊠AII □ADSN □ADMRI	
	Child SA:	⊠AII □CSSAD □CSMAJ □CSWOM □CSCJO □CSDWI □CSIP □CSSP	
	Adult SA:	□AII ⊠ASCDR ⊠ASHMT ⊠ASWOM ⊠ASDSS □ASCJO □ASDWI □ASDHH □ASHOM ⊠ASTER	
	Comm. Enhance.:	□AII □CMCEP □AMCEP □CDCEP □ADCEP □ASCEP □CSCEP	
	Non-Client:	□ CDF	
8	Definition of Reimb	ursable Unit of Service: (Check one)	
	Service Event	⊠15 Minutes ☐ Hourly ☐ Daily ☐ Monthly	
	Other: Explain_		
9	Proposed IPRS Ave	rage Unit Rate for LME Alternative Service	
	service within differen	unit rate is for Division funds, the LME can have different rates for the same nt providers. What is the proposed <u>average</u> IPRS Unit Rate for which the mburse the provider(s) for this service?	

	\$15.00 - QP (Licensed and Unlicensed)
10	Explanation of LME Methodology for Determination of Proposed IPRS Average Unit Rate for Service (Provide attachment as necessary)
	To determine the rate for this service, we took the average per unit cost of community support and assertive outreach and decreased it by 15%. We feel that this new service encompasses components of both Community Support and Assertive Outreach. The average rate is applicable to meet this need.
11	Provider Organization Requirements
	Assertive Engagement services must be delivered by practitioners employed by mental health or substance abuse provider organizations that: • meet the provider qualification policies, procedures, and standards established by the Division of Medical Assistance (DMA);
	 meet the provider qualification policies, procedures, and standards established by the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (MH/DD/SAS); and fulfill the requirements of 10A NCAC 27G.
12	Staffing Requirements by Age/Disability
	This service can be provided by licensed clinicians, QP, AP or Paraprofessional staff
13	Program and Staff Supervision Requirements
	AP or Paraprofessional staff must be supervised by a QP
14	Requisite Staff Training
	Staff providing this service must have knowledge of motivational enhancement techniques or complete such training prior to delivering this service.
15	Service Type/Setting
	Assertive Engagement is intended to be flexible in its approach to meet the needs of adults and/or children in their own setting or current location. This service can be delivered as part of the discharge planning process from state operated facilities as well as in association with specific best and evidence based practices identified by the LME.
16	Program Requirements
	Assertive Engagement is designed to be an individual service requiring frequent contact to build/re-establish a trusting, meaningful relationship to engage or re-engage the individual into services and/or assess for needs. The service is designed to: • Assess for and provide linkage to the appropriate level of care
	 Identify methods for helping consumers become engaged and involved in their care Reduce hospitalization frequency and duration
	 Reduce utilization of crisis services Provide continuity of care regardless of life circumstances or recovery environment
	Improve compliance with medication
	Increase social networks and improve family relationships Provent relapse.
	 Prevent relapse Focus on critical consumer issues
	Increase accountability in community system
	Ensure immediate needs are met, i.e. housing, food, clothing, linkage to medical treatment

NCDMHDDSAS Approved Effective: CPM Revised:

17	Entrance Criteria		
	Consumers with a documented severe or serious mental illness and/or addictive disorder who have a history of erratic or non-engagement in treatment are eligible for this service. They must be identified as in need of active engagement, have experienced a significant therapeutic disconnect with the service provider or have an instance of/situation resulting in hospitalizations, or involvement with law enforcement.		
18	Entrance Process		
	Selected providers offering high intensity or best practice services may be able to utilize the service as one strategy to engage and retain consumers, prevent the repeated use of hospital or other crisis services, and reduce jail/detention utilization. Elements of the assertive engagement process include building trust with the consumer; assisting consumers with meeting basic needs for shelter, food and safety; providing education regarding services and making collateral contacts with family and others working with the consumer. Sandhills Center LME has developed a methodology for identifying those consumers with a high level of non-compliance and numerous hospitalizations, and these consumers will be prioritized for this service. Sandhills Center LME will develop a benefit plan outlining the amount and intensity of the service, which may be provided, based on individual consumer need and available funding. This service will require authorization through the Sandhills Center LME.		
19	Continued Stay Criteria		
	Not applicable; this is a short-term engagement service and not designed as a long-term method of service delivery.		
20	Discharge Criteria		
	Consumer is fully engaged in services; OR Consumer has refused recommended services after reasonable attempts have been made to engage him/her in treatment and no safety issues or concerns are present.		
21	Evaluation of Consumer Outcomes and Perception of Care		
	 Describe how outcomes for this service will be evaluated and reported including planned utilization of and findings from NC-TOPPS, the MH/SA Consumer (Satisfaction Surveys, the National Core Indicators Surveys, and/or other LME outcomes and perception of care tools for evaluation of the Alternative Service Relate emphasis on functional outcomes in the recipient's Person Centered Plan 		
	Since this is a very short-term service, standard outcome measurement instruments such as NC TOPPS, MH/SA Consumer Satisfaction or NCI surveys are not applicable.		
	 Consumer outcomes: Consumers will re-engage with a provider agency or engage with a new provider agency Consumers' utilization of community-based services will increase Consumers' state hospital admissions will be reduced Consumers' state hospital bed utilization will be reduced Consumers' admissions to crisis evaluation and observation services will be reduced Consumers' admissions to facility based crisis services will be reduced Consumers' rate of incarceration will be reduced 		

NCDMHDDSAS Approved Effective: CPM Revised:

22	Service Documentation Requirements
	 Is this a service that can be tracked on the basis of the individual consumer's receipt of services that are documented in an individual consumer record?
	• Minimum standard for frequency of note, i.e. per event, daily, weekly, monthly, etc. Minimum standard is a daily service note that includes the consumer's name, date of service, purpose of contact, duration of contact and the signature and credentials of the person providing the service.
23	Service Exclusions No other services can be billed on the same day as Assertive Engagement with the exception of a Clinical Assessment/Intake.
24	Service Limitations
	Not to exceed 4 hours per day.
25	Evidence-Based Support and Cost Efficiency of Proposed Alternative Service
	Assertive Engagement is a central component in a comprehensive continuum of community-based services. Research has shown a • 35% decrease in hospitalization
	 62% reduction in number of days in hospital
	 Significant improvement in coping skills and quality of life Fewer interactions with police
	www.scmh.org.uk
26	LME Fidelity Monitoring and Quality Management Protocols for Review of Efficacy and Cost-Effectiveness of Alternative Service
	System Level (across consumer served through this proposed alternative service definition): • State hospital admissions will be reduced
	 State hospital bed utilization will be reduced Incarceration rate will be reduced
27	LME Additional Explanatory Detail (as needed)
	None